

STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE  
MAILING ADDRESS  
P.O. BOX 429398  
SAN FRANCISCO, CA 94142

— FOR DEPARTMENT USE —  
RECEIPT STAMP INDICATES TIME OF  
FILING UNLESS MARKED "VOID".

BAIL AGENT  
ACTION NOTICE

(TO BE FILED IN TRIPLICATE)

Pursuant to Sections 1802 and 1802.1 of the Insurance Code

FORM 437-23 (REV. 3/93)

TO:  
THE INSURANCE COMMISSIONER OF THE STATE OF CALIFORNIA

NOTICE IS HEREBY GIVEN THAT EFFECTIVE FROM THE DATE OF FILING OF THIS NOTICE, THE DESIGNATED INSURER HEREBY:

☐ **APPOINTS** the person named herein, who is the holder of a bail agent's license, as its agent in California to transact undertakings of bail.  
Such appointment shall remain in force until terminated as provided in Section 1802.1 of the Insurance Code.

☐ **TERMINATES** THE AGENCY OF THE LICENSEE NAMED HEREIN.

Are you terminating this appointment because you have reason to believe the agent may have violated the California Insurance Code?

☐ YES ☐ NO

If yes, please explain. \_\_\_\_\_

(This question may be answered on original only.)

INSURER

AGENT

COMPANY NUMBER MUST BE COMPLETED.

NAME AND ADDRESS OF OFFICE OF INSURER TO WHICH COPY  
IS TO BE RETURNED MUST BE TYPED IN BOX BELOW.

IF AGENT NOT YET LICENSED, LICENSE NUMBER IS BLANK.

NAME AND MAILING ADDRESS OF THE AGENT MUST BE TYPED IN  
BOX BELOW. (USE FULL NAME UNDER WHICH LICENSE ISSUED.)

COMPANY NUMBER

-

NAME

STREET ADDRESS

CITY

STATE AND  
ZIP CODE

LICENSE NUMBER

NAME

MAILING ADDRESS

CITY

STATE AND  
ZIP CODE

SIGNATURE OF AUTHORIZED REPRESENTATIVE OF THE INSURER

OFFICIAL TITLE

PHONE NUMBER

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 19 \_\_\_\_\_